

**South Carolina Department of Labor, Licensing and Regulation  
Board of Podiatry Examiners  
2013 – 2015 Biennial Renewal Application**

**Renewal Instructions**

- To renew online, go to <https://renewals.llronline.com> or [www.llr.state.sc.us/pol/podiatry](http://www.llr.state.sc.us/pol/podiatry).  
**You must have your user ID and Password to renew online.**
- Complete all questions, blank spaces and sign & date application on back of form. **Incomplete applications will be returned.**
- Information on our files is pre-printed on this form. Make any necessary corrections and attach additional sheets as necessary.
- If you do not wish to renew your license and would like to place it on inactive status,  
Sign here \_\_\_\_\_ Date \_\_\_\_\_ and return to Board.
- A random audit will be conducted at the end of the renewal period requiring proof of CME documentation (24hours).
- Mail completed application to LLR-Board of Podiatry Examiners, P.O. Box 11289, Columbia, SC 29211; Telephone number (803) 896-4500. Applications must be postmarked by the Post Office on or before December 31, 2013.**

**Biennial Fee Schedule – Make check payable to LLR-Board of Podiatry**

☐ Postmarked on or before 12/31/2013= \$200.00      ☐ \$100.00 late fee each month

**Activity Status (check only one). Previously Reported:**

☐ Currently practicing profession      ☐ Not currently practicing profession      ☐ Retired

List all states in which you are currently or have previously been licensed:

**Home Address**

**Primary Place of Practice**

**Mailing Address**

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**Select your home congressional district:**

<input type="checkbox"/> Lower District		<input type="checkbox"/> Upper District				<input type="checkbox"/> Central District	
Bamberg	Horry	Dillon	Abbeville	Greenville	Oconee	Aiken	Calhoun
Berkeley	Marion	Florence	Anderson	Greenwood	Pickens	Barnwell	Clarendon
Colleton	Beaufort	Hampton	Cherokee	Lancaster	Saluda	Chesterfield	Kershaw
Dorchester	Charleston	Jasper	Chester	Laurens	Spartanburg	Darlington	Lexington
Georgetown		Williamsburg	Edgefield	McCormick	Union	Lee	Orangeburg
			Fairfield	Newberry	York	Marlboro	Sumter
						Richland	

1. Please check this box if you are willing for your name to be added to a list of volunteer Podiatrists who may be called upon in the event of natural disaster (i.e. hurricane). ☐

**Answer “Yes” or “No” to each of the following questions. If your answer is “Yes” to questions 2-9 below, you must attach a full written explanation. \*\*If you are currently enrolled in the Recovering Professional Program (RPP), you may answer “No” to these questions.**

- Since you last registered with this Board, has any Order or other disciplinary action been rendered against you by any Podiatry Board (other than SC) or have you been denied licensure by any other Podiatry Board? ☐ Yes ☐ No
- Since you last registered with this Board, have any hospital privileges or other privileges of any kind been revoked, suspended, restricted, denied or voluntarily surrendered or relinquished? ☐ Yes ☐ No
- Since you last registered with this Board, has your ability to practice podiatry been impaired by any physical, emotional or mental illness, whether temporary or permanent? \*\* ☐ Yes ☐ No
- Since your last application for renewal of your license, have you been treated for any physical, mental, or emotional conditions that might interfere with your ability to competently and safely perform the essential functions of practice? \*\* ☐ Yes ☐ No
- Since your last application for renewal of your license, have you developed any disease or conditions, physical, mental or emotional (i.e. bipolar disease, schizophrenia, paranoia or any other psychotic disorder) that might interfere with your ability to competently and safely perform the essential functions of practice? \*\* ☐ Yes ☐ No
- Since you last registered with this Board, have you voluntarily restricted or curtailed your practice other than retirement, family leave or vacation? ☐ Yes ☐ No
- Since your last application for renewal of your license, have you been arrested, indicted, or convicted, pled guilty or pled nolo contendere for violation of any federal, state or local law (other than minor traffic violations)? ☐ Yes ☐ No
- Since you last registered with this Board, have you been out of practice for a continuous period of Sixty days or more other than retirement, family leave or vacation? ☐ Yes ☐ No
- Have you completed 12 hours of approved continuing medical education during the 2013 calendar year? ☐ Yes ☐ No
- Do you practice Acupuncture or Oriental Medicine? ☐ Yes ☐ No
- Has there been any change in the status of your lawful presence in the United States since initial licensure? ☐ Yes ☐ No

**Do not submit any CME documentation with this renewal application. The Board office will not maintain copies of CME documentation submitted with renewal application. A random audit will be conducted at the end of the reregistration period requiring proof of CME documentation.**

I have carefully read all questions on this renewal application and have answered truthfully, accurately and completely. I hereby acknowledge that failure to answer these questions truthfully, accurately and completely shall constitute cause for the initiation of disciplinary action against my South Carolina license.

Signature \_\_\_\_\_

Date \_\_\_\_\_